



State of Connecticut
Department of Public Safety
Division of State Police

DPS-90-C (Rev. 04/'03)

CRIMINAL INFORMATION SUMMARY☐ ADDITIONAL PAGES

TROOP / UNIT: WD Major Crime Squad		OTHER INVOLVED AGENCY: <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES, Dept. of Social Services	
DATE: 11/03/2004	TIME: 1345 hours	INVESTIGATING TROOPER / OFFICER: Detective Melfi	DPS CASE NUMBER: DPS-04-052251
LOCATION OF INCIDENT (STREET NAME AND CITY/TOWN ONLY): 925 Housatonic Avenue Bridgeport, CT (Department of Social Services)			
SUMMARY OF INCIDENT OR AFFIDAVIT: <input checked="" type="checkbox"/> ARREST MADE <input type="checkbox"/> UNDER INVESTIGATION The accused was arrested on a warrant charging her with Larceny 1st Degree by Defrauding a Public Community. The Department of Social Services (DSS) conducted an investigation which determined that the accused received nearly \$60,000 in Public Assistance benefits to which she was not entitled. This was based upon the discovery that the accused failed to disclose that she was married in 1979 and that her spouse was residing with her. She also failed to report his income and unemployment compensation. The DSS also determined that the accused failed to report that her adult son had been residing with her since 2000, even though she had been receiving benefits for caring for his child since 1990.			
VICTIM: (DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS - IF JUVENILE, WRITE "JUVENILE" IN THE NAME FIELD & "AGE" IN DOB FIELD)			
NAME / BUSINESS / AGENCY: <input type="checkbox"/> M <input type="checkbox"/> F State of CT - Dept. Social Services		ADDRESS: (TOWN/CITY&STATE ONLY) 925 Housatonic Ave. Bridgeport, CT	
NAME / BUSINESS / AGENCY: <input type="checkbox"/> M <input type="checkbox"/> F		ADDRESS: (TOWN/CITY&STATE ONLY)	
NAME / BUSINESS / AGENCY: <input type="checkbox"/> M <input type="checkbox"/> F		ADDRESS: (TOWN/CITY&STATE ONLY)	
ARRESTED: (DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS - IF JUVENILE, WRITE "JUVENILE" IN THE NAME FIELD & "AGE" IN DOB FIELD)			
NAME: <input type="checkbox"/> M <input checked="" type="checkbox"/> F ORTIZ, Amelia		DOB: 04/18/46 ADDRESS: 58 Gem Ave 1st Floor Bridgeport, CT	
CHARGES: 1. LARCENY 1st DEGREE, 53a-122 2. 3. 4.		COURT: GA: 02 TOWN: Bridgeport DATE: 11/17/04 BOND: <input type="checkbox"/> CASH <input checked="" type="checkbox"/> SURETY <input type="checkbox"/> NON-SURETY <input type="checkbox"/> WPTA AMOUNT \$: 50,000 <input type="checkbox"/> TO BE PRESENTED AT COURT <input type="checkbox"/> TRANS TO DEPT OF CORRECTIONS @: INJURED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO AMBULANCE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO HOSPITAL:	
NAME: <input type="checkbox"/> M <input type="checkbox"/> F		DOB: ADDRESS:	
CHARGES: 1. 2. 3. 4.		COURT: GA: TOWN: DATE: BOND: <input type="checkbox"/> CASH <input type="checkbox"/> SURETY <input type="checkbox"/> NON-SURETY <input type="checkbox"/> WPTA AMOUNT \$: <input type="checkbox"/> TO BE PRESENTED AT COURT <input type="checkbox"/> TRANS TO DEPT OF CORRECTIONS @: INJURED: <input type="checkbox"/> YES <input type="checkbox"/> NO AMBULANCE: <input type="checkbox"/> YES <input type="checkbox"/> NO HOSPITAL:	
NAME: <input type="checkbox"/> M <input type="checkbox"/> F		DOB: ADDRESS:	
CHARGES: 1. 2. 3. 4.		COURT: GA: TOWN: DATE: BOND: <input type="checkbox"/> CASH <input type="checkbox"/> SURETY <input type="checkbox"/> NON-SURETY <input type="checkbox"/> WPTA AMOUNT \$: <input type="checkbox"/> TO BE PRESENTED AT COURT <input type="checkbox"/> TRANS TO DEPT OF CORRECTIONS @: INJURED: <input type="checkbox"/> YES <input type="checkbox"/> NO AMBULANCE: <input type="checkbox"/> YES <input type="checkbox"/> NO HOSPITAL:	
NAME: <input type="checkbox"/> M <input type="checkbox"/> F		DOB: ADDRESS:	
CHARGES: 1. 2. 3.		COURT: GA: TOWN: DATE: BOND: <input type="checkbox"/> CASH <input type="checkbox"/> SURETY <input type="checkbox"/> NON-SURETY <input type="checkbox"/> WPTA AMOUNT \$: <input type="checkbox"/> TO BE PRESENTED AT COURT <input type="checkbox"/> TRANS TO DEPT OF CORRECTIONS @: INJURED: <input type="checkbox"/> YES <input type="checkbox"/> NO AMBULANCE: <input type="checkbox"/> YES <input type="checkbox"/> NO HOSPITAL:	
NAME: <input type="checkbox"/> M <input type="checkbox"/> F		DOB: ADDRESS:	
SUPERVISOR'S APPROVAL REQUIRED: INITIALS: <u>[Signature]</u> ID #: 805 DATE: 11/03/04			
THIS INFORMATION IS BEING RELEASED TO THE PUBLIC IN COMPLIANCE WITH THE FREEDOM OF INFORMATION LAWS. FOR ADDITIONAL INFORMATION ON MAJOR CRIMES OR ARRESTS, CONTACT THE CONNECTICUT STATE POLICE PUBLIC INFORMATION OFFICE. PHONE: 860-685-8230 FAX: 860-685-8301 TO BE			